In the Claims:

1. (Currently amended) A method of ablation of an atrium of a heart of a patient, comprising:

selecting a first elongated ablation component carrying a longitudinally extending first means for delivery of ablation energy and a second elongated ablation component coupled to the first ablation component and movable relative to the first ablation component, wherein the first and second components are provided with means mounted to and extending along the first and second components for magnetically attracting the first and second ablation components toward one another along the length of the first means for delivery of ablation energy;

placing selected one of the first and second components along a first portion of tissue of the atrium on an external portion of the heart adjacent one or more pulmonary veins;

placing the other of the first and second components along a second portion of tissue of the atrium on an external portion of the heart adjacent the one or more pulmonary veins to allow the magnetically attracting means to draw the first and second components toward one another to compress the first and second portions of tissue therebetween, along the length of the first and second components; and

applying ablation energy.

2. (Previously presented) A method as in claim 1 wherein the second elongated ablation component carries a longitudinally extending second means for delivery of ablation energy.

3. (Previously presented) A method as in claim 1 wherein the attracting means comprises a magnet mounted to one of the first and second components.

4. (Previously presented) A method as in claim 3 wherein the magnet comprises a rare earth magnet.

5. (Previously presented) A method as in claim 3 wherein the magnet comprises an electromagnet.

6. (Previously presented) A method as in claim 1 wherein the attracting means comprises magnets mounted to both of the first and second components.

7. (Previously presented) A method as in claim 1 wherein the first and second components are rigid.

8. (Previously presented) A method as in claim 1 wherein the first component is rigid and the second component is sufficiently flexible to be deflected into alignment with the first component by the attracting means.

9. (Cancelled)

10. (Currently amended) A method as in claim ~~9~~ 1 wherein the first and second components are mounted to one another by means of a hinge and wherein allowing the magnetically attracting means to draw the first and second components toward one another to compress the first and second portions of tissue comprises pivoting the first and second components using the hinge.

11. (Previously presented) A method as in claim 10 wherein the first and second components are mounted to jaws of an electrosurgical hemostat.

12. (Cancelled)

13. (Previously presented) A method as in claim 1 wherein one of the first and second components is provided with a pre-formed curve.

14. (Previously presented) A method as in claim 1 wherein each of the first and second components is provided with a pre-formed curve.

15. (Previously presented) A method of ablation of an atrium of a heart of a patient, comprising:

selecting a first elongated ablation component carrying a longitudinally extending first means for delivery of ablation energy and a second elongated ablation component and movable relative to the first ablation component, wherein the first and second components are provided with at least one magnet mounted to at least one of the first and second components and the first and second components are movably joined together;

placing selected one of the first and second components along a first portion of tissue of the atrium on an external portion of the heart adjacent one or more pulmonary veins;

placing the other of the first and second components along a second portion of tissue of the atrium on an external portion of the heart adjacent the one or more pulmonary veins to allow the magnet to draw the first and second components toward one another to compress the first and second portions of tissue therebetween, along the length of the first and second components; and

applying ablation energy.

16. (Previously presented) A method as in claim 15 wherein the second elongated ablation component carries a longitudinally extending second means for delivery of ablation energy.

17. (Previously presented) A method as in claim 15 wherein the magnet comprises a rare earth magnet.

18. (Previously presented) A method as in claim 15 wherein the magnet comprises an electromagnet.

19. (Previously presented) A method as in claim 15 wherein at least one magnet is mounted to each of the first and second components.

20. (Previously presented) A method as in claim 15 wherein the first and second components are rigid.

21. (Previously presented) A method as in claim 15 wherein the first component is rigid and the second component is sufficiently flexible to be deflected into alignment with the first component by the attracting means.

22. (Previously presented) A method as in claim 15 wherein the first and second components are movably joined to one another by means of a hinge.

23. (Previously presented) A method as in claim 22 wherein the first and second components are mounted to jaws of an electrosurgical hemostat.

24. (Previously presented) A method as in claim 15 wherein one of the first and second components is provided with a pre-formed curve.

25. (Previously presented) A method as in claim 15 wherein each of the first and second components is provided with a pre-formed curve.

Wang et al. disclose two non-coupled, completely separate devices, i.e., an endocardial catheter and an epicardial probe, which can be aligned or guided into position via one or more magnets (see col. 10, lines 35-45). In one embodiment, a magnet in the epicardial device attracts a magnetic or metallic element in the endocardial device (see col. 3, lines 20-22).

Scheinman et al. disclose two non-coupled, completely separate devices, i.e., a first catheter and a second catheter, which are mutually attracted across cardiac tissue by magnetic attraction (see abstract, col. 3, lines 62-68, col. 4, lines 1-5 and 60-65).

The Wang et al. reference and the Scheinman et al. reference both do not disclose, suggest or teach that the first and second ablation components are coupled together, wherein the first and second components are provided with means mounted to and extending along the first and second components for magnetically attracting the first and second ablation components toward one another as now required in claim 4. This limitation is important because this limitation is not found within either the Wang et al. or the Scheinman et al. references. Therefore, the rejection of claim 4 as being unpatentable by Wang et al. in view of Scheinman et al. should be overcome.

The Wang et al. reference and the Scheinman et al. reference both do not disclose, suggest or teach that the first and second ablation components are provided with at least one magnet mounted to at least one of the first and second components and the first and second components are movably joined together as required in claim 17. This limitation is important because this limitation is not found within either the Wang et al. or the Scheinman et al. references. Therefore, the rejection of claim 17 as being unpatentable by Wang et al. in view of Scheinman et al. should be overcome.

A request for a three (3) month extension of time under 37 C.F.R. 1.136(a) has been filed with this amendment. Please charge to Deposit Account No. 13-2546 the fee of $1,020.00 which is required for the three-month extension of time.

If the Examiner comes to believe that a telephone conversation may be useful in addressing any remaining open issues in this case, the Examiner is urged to contact the undersigned agent at 763-391-9867.